

SHELBY COUNTY BOARD OF COMMISSIONERS

AGENDA ROUTE SHEET

Referred to Commission Committee (name) Hospitals & Health

For Commission Action on (date) April 14, 2008

A RESOLUTION approving an amendment to the operating budget of the Shelby County Schools Nurses Program in the amount of \$83,000.00 and an amendment to the position control budget, and this item requires the expenditure of County School funds in the amount of \$83,000.00. Resolution sponsored by Commissioner Joyce Avery.

CHECK ALL THAT APPLY BELOW:

_____ This Action does NOT require expenditure of funds.

 X This Item requires/approves expenditure of funds as follows (complete all that apply):

County General Funds: \$ _____ : County CIP Funds: \$ _____

State Grant Funds: \$: State Gas Tax Funds: \$

Federal Grant Funds: \$

Other funds (Specify source and amount): \$ 83,000 Shelby County Schools

Other pass-thru funds (Specify source and amount): \$ _____

Originating Department: Division of Health Services – Personal Health

APPROVAL:

Dept. Head: Johnathan Russell 544-7585 \ JR \ 03/11/08
(Type your name & phone #.) (Initials) (Date)

Division Director: Yvonne S. Madlock 544-7583 YML 3/31/08
 (Type your name & phone #.) (Initials) (Date)

CIP – A&F Director: _____ \ _____ \ _____
(Type your name & phone #.) (Initials) (Date)

Finance Dept.: Michael A. Swift 545-4449 \ MA/S \ 4/3/08
(Type your name & phone #.) (Initials) (Date)

County Attorney: Fred E. Jones, Jr. 545-4611 \ JFJ \ 4-1-08
(Type your name & phone #.) (Initials) (Date)

CAO/Mayor: James Huntzicker 545-4514 \ JHA \ 4/3/08
(Type your name & phone #.) (Initials) (Date)

SUMMARY SHEET

I. Description of Item

Requesting approval of a budget amendment and appropriation of funds in the FY2007-2008 Operating Budget and the Position Control Budget for the Shelby County Schools Nursing grant, resulting from an increase of \$83,0000 being awarded on the existing grant.

This contract between Shelby County Government and the Shelby County Schools is for the provision of school health services.

II. Source and Amount of Funding

A. Shelby County Schools School Nurses Program

Budget Number 838-400513-4240 \$83,000.00

B. There are no other costs, directly or indirectly, associated with this resolution.

C. There are no additional or subsequent obligations or expenses for which Shelby County will ultimately be responsible.

III. Contract Items

A. Contract as amended is for the period July 1, 2007-June 30, 2008, and the amendment increased the original award by \$83,000 (from \$1,581,052 to \$1,664,052.00).

IV. Additional Information Relevant to Approval of this Item

- Administration recommends approval of this Resolution.
- This budget amendment will permit maximum utilization of grant funds and ensure proper nursing staffing for the Shelby County Schools.
 1. TCA 49-3-359 mandated that there be one School Nurse for every 3000 students in a district.
 2. TCA 49-5-415 mandates that Licensed Health Care Providers (usually nurses) provide health care services in schools.
 3. Federal Law (Individuals with Disabilities Education Acts) mandates that school systems provide education and related services to students who are classified as Special Education if they have special service needs, including nursing services, if necessary.
 4. School Nurses provide general and special needs services for all students in Shelby County including health promotion and illness/injury prevention education.
- There is no cost to the County for this activity.

• Scope of Services:

Nursing Services

- a. Conduct comprehensive health assessments of the child in relation to the school setting.

ITEM NO: _____

PREPARED BY: Johnathan Russell *JR*

APPROVED BY: *[Signature]*

A RESOLUTION approving an amendment to the operating budget of the Shelby County Schools Nurses Program in the amount of \$83,000.00 and an amendment to the position control budget, and this item requires the expenditure of County School funds in the amount of \$83,000.00. Resolution sponsored by Commissioner Joyce Avery.

WHEREAS, That a contract between Shelby County Schools and Shelby County Government on behalf of the Memphis and Shelby County Health Department in the amount of \$1,581,052.00 for the period July 1, 2007 - June 30, 2008, was entered into on August 9, 2007; and

WHEREAS, That Shelby County Schools has prepared a contract amendment for the period July 1, 2007 - June 30, 2008, increasing the contract in the amount of \$83,000; and

WHEREAS, That it is necessary to amend the Shelby County Schools Budget No. 838-400513 as Shown on Exhibit A; and

WHEREAS, That it is necessary to amend the FY 2008 Position Control Budget as shown on Exhibit B; and

WHEREAS, That there is no cost to the County for this activity.

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF COMMISSIONERS OF SHELBY COUNTY, TENNESSEE, That the FY 2007-2008 Shelby County Operating Budget is hereby amended and funds appropriated as per Exhibit A, which is attached hereto and incorporated hereinto by reference.

BE IT FURTHER RESOLVED, That the FY 2007-2008 Shelby County Position Budget is hereby amended as shown on Exhibit B, which is attached hereto and incorporated hereinto by reference.

BE IT FURTHER RESOLVED, That the County Mayor is hereby authorized to execute the said amendment on behalf of Shelby County Government, an executed copy of which is to be placed on file in the Purchasing Department.

BE IT FURTHER RESOLVED, That the County Mayor and the Director of Administration and Finance are authorized to issue their warrant or warrants to the extent of appropriations made in this resolution and to take proper credit in their accounting therefore.

A C Wharton, Jr., County Mayor

Date: _____

ATTEST:

Clerk of County Commission

ADOPTED: _____

CONTRACT AND ENCUMBRANCE INFORMATION SHEET

THIS SHEET MUST BE COMPLETED, SIGNED BY THE DEPARTMENT HEAD AND DIVISION DIRECTOR AND ATTACHED TO ALL CONTRACT AND RESOLUTION PACKETS BEFORE ANY ACTION WILL BE TAKEN.

- | | | |
|-----|---|---|
| 1. | Department Requesting Services: | <u>HEALTH DEPARTMENT</u> |
| 2. | Preparer's Name, Telephone #, and E-Mail Address: | |
| | Johnathan Russell | 544-7585 <u>Johnathan.Russell@shelbycountyttn.gov</u> |
| 3. | DESCRIPTION OF ITEM TO BE PURCHASED, BUILT, OR SERVICE TO BE PROVIDED: | |
| | <u>Provide nursing services for and in Shelby County Schools by registered and licensed practical nurses.</u> | |
| 4. | NAME, ADDRESS, VENDOR NUMBER, SOCIAL SECURITY NUMBER, AND/OR FEDERAL I.D. NUMBER OF VENDOR/CONSULTANT/AGENCY WITH WHICH SHELBY COUNTY WILL BE CONTRACTING: | |
| | <u>Jo Bellanti, Director of Special Education</u> | |
| | <u>Shelby County Schools - Special Education Division</u> | |
| | <u>5650 Woodlawn Street</u> | |
| | <u>Bartlett, Tn 38134</u> | |
| | VENDOR NO./FED ID NO. | <u>N/A</u> |
| 5. | COST OF ITEM OR SERVICE REQUESTED: | <u>\$83,000.00 Revenue Contract Increase</u> |
| 6. | TERM OF PROPOSED CONTRACT/AGREEMENT: | <u>07/01/07-06/30/08</u> |
| 7. | FUND, ORG, AND ACCOUNT NUMBER (13 DIGITS) <u>**FOR MULTIPLE ACCOUNTS, PLEASE SPECIFY DOLLAR AMOUNT FOR EACH**</u> | |
| | <u>838-400513-4240 No Funds to Encumber</u> | |
| | <u>New Contract Amount \$1,664,052.00</u> | |
| 8. | COMMODITY CODE: | <u>961</u> |
| 9. | VENDOR/CONSULTANT/AGENCY SELECTED BY (CHECK ONE) : | |
| | <u>**PLEASE ATTACH APPROVAL DOCUMENTS**</u> | |
| | a. _____ | Bid/RFP Process - # & Date _____ |
| | b. _____ | Emergency/Sole Source _____ |
| 10. | LOSB/MBE INFORMATION: Please check the appropriate description | |
| | _____ MBE | (MINORITY OWNED BUSINESS ENTERPRISE) |
| | _____ WBE | (WOMEN OWNED BUSINESS ENTERPRISE) |
| | _____ LOSB | (LOCALLY OWNED SMALL BUSINESS) |
| | _____ X | N/A |
| 11. | SPECIAL INSTRUCTIONS (ROUTING, FUNDING, BUDGET TRANSFER IN PROCESS) | |

REVIEWED AND APPROVED BY:

DEPARTMENT HEAD

DATE _____

HEALTH POLICY COORDINATOR (If Applicable)	DATE
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DIVISION DIRECTOR

DATE _____

- b. Provide direct health care services to the student with special needs.
- c. Serve as a liaison with parents, primary health care provider and other related agencies participating in the care of the student with special needs.
- d. Identification of assessment and/or educational planning, and evaluation of the child with special health care needs.
- e. Provide home visits as needed.
- f. Facilitate and assist with the transition of the student with special needs from home to school-to include bus duty assignments.
- g. Ensure the development of the Individualized Health Care Plan and that appropriate staff is informed (LPN, teacher, etc.)
- h. Attend Individualized Education Program (IEP) meetings of students as needed.
- i. Assist in the identification and problem solving of issues that affect the delivery of health care services.
- j. Evaluate and determine the need for additional services for the student with health care needs.
- k. Assure that the necessary tasks provided by the School Nurses are carried out safely, effectively and in a timely manner.
- l. Provide pertinent and timely information to the Shelby County School System that could possibly affect the delivery of care.
- m. Monitor the School Nurses' documentation for accuracy and completeness.
- n. Work with Shelby County Schools' administration to determine proper staffing patterns.
- o. Work with Shelby County Schools' personnel with the development of staff development workshops.
- p. Available by pager or phone to appropriate Shelby County School staff regarding school health matters.
- r. Help plan and provide for orientation of newly hired School Nursing Staff.
- s. Provide monthly reports to the School Health Coordinator that includes information that is valuable for the completion of the state report.
- t. Participation in Shelby County Schools' Coordinated Health effort with a particular emphasis on students with special health care needs.

DIVISION OF HEALTH SERVICES
COUNTY SCHOOLS NURSING PROGRAM
JULY 1, 2007 - JUNE 30, 2008
BUDGET NO. 838-400513

ACCT. NO.	ACCOUNT NAME	CURRENT BUDGET	DIFFERENCE	PROPOSED BUDGET
4240	COUNTY BOARD OF EDUCATION	(1,617,466.00)	(83,000.00)	(1,700,466.00)
	TOTAL REVENUE	(1,617,466.00)	(83,000.00)	(1,700,466.00)
5102	SALARIES & LABOR	1,054,151.00	(50,000.00)	1,004,151.00
	TOTAL SALARIES	1,054,151.00	(50,000.00)	1,004,151.00
5154	OVERTIME	115,000.00	-	115,000.00
	OTHER COMPENSATION	115,000.00	-	115,000.00
5510	RETIREMENT BENEFITS - COUNTY	69,329.00	(3,500.00)	65,829.00
5511	OPEB RETIREE INSURANCE	64,376.00	(3,250.00)	61,126.00
5515	FICA	3,952.00	-	3,952.00
5516	MEDICARE COVERAGE - MQFE	15,784.00	(725.00)	15,059.00
5520	GROUP LIFE INSURANCE	6,735.00	(340.00)	6,395.00
5543	CIGNA INSURANCE	113,596.00	-	113,596.00
5560	LONG TERM DISABILITY	15,846.00	(800.00)	15,046.00
5591	OJI EXPENSE	16,339.00	(775.00)	15,564.00
5592	UNEMPLOYMENT COMP INS	3,468.00	(165.00)	3,303.00
	TOTAL FRINGE BENEFITS	309,425.00	(9,555.00)	299,870.00
6006	APPAREL - EMPLOYEES	400.00	-	400.00
6016	DATA PROCESSING SUPPLIES	-	26,250.00	26,250.00
6026	EXPENDABLE FURNISHINGS	2,000.00	-	2,000.00
6046	MEDICAL SUPPLIES	1,500.00	-	1,500.00
6048	MEMBERSHIP, PUBS & DUES	2,000.00	-	2,000.00
6052	OFFICE SUPPLIES	4,250.00	-	4,250.00
6064	PAPER PRODUCTS	300.00	-	300.00
6068	POSTAGE	1,250.00	-	1,250.00
	TOTAL SUPPLIES	11,700.00	26,250.00	37,950.00
6413	COPY DUPLICATING	-	-	-
6419	EDUCATION & TRAINING	2,000.00	13,000.00	15,000.00
6446	LOCAL TRANSPORTATION	11,000.00	-	11,000.00
6467	TRAVEL	8,000.00	-	8,000.00
	TOTAL SERVICES	21,000.00	13,000.00	34,000.00
6602	AGENCY LABOR	95,514.00	93,705.00	189,219.00
6628	INSURANCE	4,400.00	-	4,400.00
	TOTAL PROFESSIONAL & CONTRACTED SERVICES	99,914.00	93,705.00	193,619.00
6850	COPY MACHINES	3,376.00	-	3,376.00
6874	TELECOMMUNICATIONS SERVICES	2,900.00	9,600.00	12,500.00
	TOTAL O & M CONTRA	6,276.00	9,600.00	15,876.00
	TOTAL EXPENDITURES	1,617,466.00	83,000.00	1,700,466.00
	NET COST	-	-	-

DIVISION OF ADMINISTRATION & FINANCE
TELECOMMUNICATIONS
JULY 1, 2007 - JUNE 30, 2008
BUDGET NO. 961-201501

<u>ACCT. NO.</u>	<u>ACCOUNT NAME</u>	<u>CURRENT BUDGET</u>	<u>DIFFERENCE</u>	<u>PROPOSED BUDGET</u>
4262	SERVICE INCOME	(4,074,247.00)	(9,600.00)	(4,083,847.00)
6771	COMMUNICATION EXPENSE	3,328,141.00	9,600.00	3,337,741.00
	NET OPERATIONS	<u>(746,106.00)</u>	<u>-</u>	<u>(746,106.00)</u>

EXHIBIT B

DIVISION OF HEALTH SERVICES
COUNTY SHCOOLS NURSING PROGRAM
JULY 1, 2007 - JUNE 30, 2008
BUDGET NO. 838-400513
COST CENTER HV513

<u>POSTION NO.</u>	<u>JOB TITLE</u>	<u>STATUS</u>	<u>CURRENT</u>	<u>COMPENSTATION DIFFERENCE</u>	<u>PROPOSED</u>
960307	PUBLIC HEALTH NURSE	V	31,596	(23,871)	7,725
980362	PUBLIC HEALTH NURSE	V	35,816	(26,129)	9,687
	TOTAL		<u>67,412</u>	<u>(50,000)</u>	<u>17,412</u>

PER PAY PERIOD - JULY 1, 2007 THRU JUNE 30, 2008

<u>POSTION NO.</u>	<u>JOB TITLE</u>	<u>STATUS</u>	<u>CURRENT</u>	<u>COMPENSTATION DIFFERENCE</u>	<u>PROPOSED</u>
960307	PUBLIC HEALTH NURSE	V	1,317	(1,317)	-
980362	PUBLIC HEALTH NURSE	V	1,492	(1,036)	456
	TOTAL		<u>2,809</u>	<u>(2,353)</u>	<u>456</u>